

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) National Right to Life Victory Fund | | FEC IDENTIFICATION NUMBER ▼ C C00509893 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 28 / 2016</div> </div> | |

| | | | |
|---------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Tigre-Strategics, Inc | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016 | |
| Mailing Address 3817 W Dale Ave Unit 1 | | Amount 290.96 | |
| City Tampa | State FL | Zip Code 33609-4436 | Transaction ID : EDECABAD3AC0A4765A7 |
| Purpose of Expenditure IE-Phone Calls-Cruz-State:CT | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate Rafael Edward Cruz | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Printing Partners | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 27 / 2016 | |
| Mailing Address 929 West 16th Street | | Amount 130684.67 | |
| City Indianapolis | State IN | Zip Code 46202-2214 | Transaction ID : E9E9CBC34C54642B5BBF |
| Purpose of Expenditure IE-Direct Mail-Cruz-State:IN | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate Rafael Edward Cruz | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--------------------------------------------------------------------|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 130975.63 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

 MM / DD / YYYY
 06 / 16 / 2016

Signature